Appendix B

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	**Software QA Plan Criteria Form**	**Form Number:** **NP 19-1-1** **Page 1 of 1**

1. **Software Name:**
2. **Software Version:**
3. **Document Version:**
4. **ERMS #:**

Prior to sign-off of the SQA Plan, all items shall be appropriately addressed by the code sponsor so that "**Yes**" or "**N/A**" may be checked. Include this form as part of the SQA Plan.

5. **Software Identification:** Are software name, version and scope identified answering why we are doing this and what problem will be solved? ☐ Yes

6. **Deviations:** If there are deviations from the Lifecycle required documentation, is the deviation adequately explained and is it appropriate? ☐ Yes ☐ N/A

7. **Documents:** Are the documents to be prepared, reviewed and maintained identified? ☐ Yes

8. **Organizations:** Are the organizations responsible for work and quality assurance identified with tasks (a schedule for qualification) and responsibilities? ☐ Yes

9. **Development Methods:** Are the standards, conventions, techniques methods and procedures (NPs, SPs, TOPs etc.) identified for use in establishing and maintaining integrity of code data, embodied mathematical models, files, and processes? ☐ Yes

10. **Problem Reporting:** Is there a process for documenting and reporting software discrepancies, evaluating the impact of errors on previous calculations, and determining the appropriate corrective action(s)? ☐ Yes

11. **External Interfaces:** Are required interactions with people, hardware, and other software identified? ☐ Yes

12. **Completeness:** Is the plan complete? ☐ Yes

13. **Verifiability:** Can meeting the plan be verified? ☐ Yes

14. **Consistency:** Is the plan consistent internally and with other software? ☐ Yes

15. **Technical Feasibility:** Is the plan technically feasible and can it result in a useable code? ☐ Yes

16. _____ _____ _____
    Code Team/Sponsor's Name (*print*)   Signature   Date

17. _____ _____ _____
    Technical Reviewer's Name (*print*)   Signature   Date

18. _____ _____ _____
    Responsible Manager's Name (*print*)   Signature   Date

19. _____ _____ _____
    SCM Coordinator's Name (*print*)   Signature   Date

Key for check boxes above:

Check **Yes** for each item reviewed and found acceptable.
Check **N/A** for items which are not applicable.